

**Request to Negotiate Local Level of Performance
5S1 Secondary Placement
2008-2009**

Secondary District Information	
C-T-D	
District Name	

Contact Information	
CTE Administrator	
CTE Phone Number	
CTE Email Address	

Request Information/Background	
Requesting Local Level of Performance (LALP) for which Performance Measure:	<input type="checkbox"/> 5S1 Secondary Placement (SALP 50%)
What is your District's current Level for this Performance Measure?	<input type="checkbox"/> 5S1 ____%
What Local Level are you requesting?	____%

Justification for Request of LALP	
Explain why this request should be granted:	
Give a description of circumstances leading to low performance:	

Signatures	
CTE Administrator Signature	
Date	
Superintendent/Authorized Secondary Designee Signature	
Date	

Fax this completed form to Development
and Innovations Group at 602-542-1849